

EXHIBIT 2

Fact Sheet: HHS' Transformation to Make America Healthy Again

 [hhs.gov/about/news/hhs-restructuring-doge-fact-sheet.html](https://www.hhs.gov/about/news/hhs-restructuring-doge-fact-sheet.html)

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The restructuring of HHS is proceeding in accordance with President Trump's Executive Order, "Implementing the President's 'Department of Government Efficiency' Workforce Optimization Initiative." Over the past four years, during the Biden administration, HHS's budget increased by 38% and its staffing increased by 17%.

1. The plan combines personnel cuts, centralization of functions, and consolidation of HHS divisions, including:

- The current 82,000 full-time employees will be reduced to 62,000
- 28 divisions will be consolidated to 15
- 10 regional offices will become 5
- Human Resources, Information Technology, Procurement, External Affairs, and Policy will be centralized.

2. Regarding FDA, CDC, NIH, and CMS:

- FDA will decrease its workforce by approximately 3,500 full-time employees, with a focus on streamlining operations and centralizing administrative functions. This reduction will not affect drug, medical device, or food reviewers, nor will it impact inspectors.
- The CDC will decrease its workforce by approximately 2,400 employees, with a focus on returning to its core mission of preparing for and responding to epidemics and outbreaks. This includes moving ASPR under CDC to enhance coordination of response efforts. NOTE: The “CDC” decrease would only be 1,400 if you included the individuals coming over from ASPR (approx. 1,000 individuals).
- The NIH will decrease its workforce by approximately 1,200 employees by centralizing procurement, human resources, and communications across its 27 institutes and centers.
- CMS will decrease its workforce by approximately 300 employees, with a focus on reducing minor duplication across the agency. This reorganization will not impact Medicare and Medicaid services.

3. The consolidation and cuts are designed not only to save money, but to make the organization more efficient and more responsive to Americans’ needs, and to implement the Make America Healthy Again goal of ending the chronic disease epidemic.

4. No additional cuts are currently planned, but the Department will continue to look for further ways to streamline its operations and agencies.

5. A new Administration for a Healthy America (AHA) will consolidate the OASH, HRSA, SAMHSA, ATSDR, and NIOSH, so as to more efficiently coordinate chronic care and disease prevention programs and harmonize health resources to low-income Americans. Divisions of AHA include Primary Care, Maternal and Child Health, Mental Health, Environmental Health, HIV/AIDS, and Workforce, with support of the U.S. Surgeon General and Policy team.

6. HHS will have a new Assistant Secretary for Enforcement to provide oversight of the Departmental Appeals Board (DAB), Office of Medicare Hearings and Appeal (OMHA), and the Office for Civil Rights (OCR) to combat waste, fraud, and abuse.

7. HHS will combine the Assistant Secretary for Planning and Evaluation (ASPE) and Agency for Healthcare Research and Quality (AHRQ) into the Office of Strategy to conduct research that informs the Secretary’s policies and evaluates the effectiveness of the Department’s programs for a healthier America.

8. The critical programs within the Administration for Community Living (ACL) that support older adults and people of all ages with disabilities will be split across the Administration for Children and Families (ACF), Assistant Secretary for Planning and Evaluation (ASPE), and Centers for Medicare and Medicaid Services (CMS).

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